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CONFIRMATION NO. 4188

|   |   |                              |   |                                      |                            |
|---|---|------------------------------|---|--------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/776,249   | FILING DATE<br>02/12/2004<br><br>RULE   | CLASS<br>365                 | GROUP ART UNIT<br>2824  | ATTORNEY<br>DOCKET NO.<br>248831US2S |                            |
| APPLICANTS<br><br>Kenji Tsuchida, Kawasaki-shi, JAPAN;<br><br>** CONTINUING DATA *****<br>HN(N/X)<br><br>** FOREIGN APPLICATIONS *****<br>JAPAN 2003-399775 11/28/2003<br>HN(YES)<br><br>IF REQUIRED, FOREIGN FILING LICENSE<br>GRANTED<br>** 05/07/2004                      |   |                              |   |                                      |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged |   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>15   | TOTAL<br>CLAIMS<br>20                | INDEPENDENT<br>CLAIMS<br>2 |
| ADDRESS<br>22850<br>OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.<br>1940 DUKE STREET<br>ALEXANDRIA , VA<br>22314   |   |                              |   |                                      |                            |
| TITLE<br>Semiconductor integrated circuit device  |   |                              |   |                                      |                            |
| FILING FEE<br><br>RECEIVED<br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                            |